



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Courtney et al.

Attorney Docket No.: SUN1P506/P4151

Application No.: 09/724,732

Examiner: DEMICCO, Matthew R.

Filed: November 28, 2000

Group: 2611

Title: METHODS AND APPARATUS FOR
ACCESSING SYNCHRONIZED BROADCAST
DATA

Confirmation No.: 7770

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on February 25, 2005 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signed: _____

Susan W. Xu

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action dated December 29, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

AF JFW

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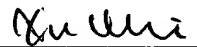
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Signed: _____


Susan W. Xu

AMENDMENT AF TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

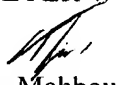
Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	21	MINUS	23	00	x 25 =	x 50 = 00
Independent Claims	05	MINUS	05	00	x 100 =	x 200 = 00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P506).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


R. Mahboubian
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